MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

11196

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Annes Co.
City or town near Millington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Annes
City or town near Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William G. Blackiston

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

B (b) Name of husband or wife Susie M Blackiston
6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec. 4 1882.

8. AGE: Years	Months	Days	If less than one day
57	11	11	hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John B. Blackiston
13. Birthplace Maryland

MOTHER
14. Maiden name Margaret Smith
15. Birthplace Maryland.

16. Informant Margaret Smith (wife)
Address near Millington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 39. (month) (day) (year)
Cemetery or crematory Cemetery
Location Crumpton Md
18. Funeral director W. H. Good.
Address Church Hill.

19. Nov 17 1939 (Date rec'd by registrar) F. M. Slack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1939, at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939, to same date, and that I last saw him alive on Nov 15 1939.

	DURATION
Immediate cause of death — Angina Pectoris	
associated with coronary	6 yrs
Due to sclerosis.	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. P. Strong M.D.
M. D. or other
Address Millington Md Date signed 11-16-39

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

11197

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne Co

City or town: Church Hill Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Church Hill Md

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Church Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lizzie Frisby

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Charles Frisby

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Mch 8. 1868

8. AGE: Years: 71 Months: 8. Days: 6 If less than one day: hrs. min.

9. Birthplace: Queen Anne Co Md (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: Home Work

FATHER 12. Name: Henry Walton

13. Birthplace: Maryland

MOTHER 14. Maiden name: Minnie Wright

15. Birthplace: Maryland

16. Informant: Mitte Martin

Address: Church Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 17 1939 (month) (day) (year)

Cemetery or crematory: Jones Neck

Location: near Church Hill

18. Funeral director: Wm. H. Good

Address: Church Hill

19. Nov. 16 1939 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 14 1939 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 1939 to Nov 14 1939 and that I last saw h[illegible] alive on Nov 14 1939

Immediate cause of death: Mitral Heart Lesion — DURATION: 3 yrs.

Due to: History of Rheumatism

Due to:

Other conditions: Acute Influenza — 21 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: Norman S. Dudley M. D. or other

Address: Church Hill Date signed: Nov 14 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 11 1909
BUREAU V. S.

11198

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Queen Annes Registration Dist. No. 254

Village or City Chester No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still born Johnson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: Wk

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Nov 10 1939

7. AGE: Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Alvin Johnson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Hoppie Brown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Alvin Johnson Chester Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bryan's Chapel Grasonville Md. Date: Nov. 11, 1939

19. UNDERTAKER (Address): None (father)

20. FILED: Nov. 11, 1939 Helen M. Aldridge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still born

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas E. Snyder M. D.

(Address) Stevensville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11199

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (B)

County [illegible] Registration Dist. No. 253

Village or City Chester No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Lloyd If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) Nov 21 1939

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Darwin Manford Lloyd

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Reba Estelyn Sull

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Darwin Lloyd (Address) Chester Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Chester Md Date Nov. 22, 1939

19. UNDERTAKER F. C. Thomas (Address) Stevensville, Md.

20. FILED Nov 22, 1939 F. C. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 21 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from , 19 , to , 19

I last saw h aliva on , 19 ; death is said to heve occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
A Still born	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way reletad to occupation of deceesad?

If so, specify

(Signed) Chas E Temple M. D.

(Address) Stevensville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11200

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (131)

County Queen Anne Registration Dist. No. 254

Village or City Grasonville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Love If U. S. Veteran, specify WAR

(a) Residence: No. Grasonville 75 yrs. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Love

6. DATE OF BIRTH (month, day, and year): 1864

7. AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 1 yr.

11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

FATHER

13. NAME: Do not know

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: Adalite Brown

16. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

17. INFORMANT (Address): Florence Whittecoe Grasonville Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Grasonville Date Nov. 23, 1939

19. UNDERTAKER (Address): Mrs. Annie E. Eddins Centreville, Md

20. FILED Nov. 23, 1939 - Helen M. Aldridge Loc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1939, to Nov 20, 1939

I last saw her alive on Nov 19, 1939; death is said to have occurred on the date stated above, at 7 00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cortico sclerosis gasoline	
Arteriosclerotic Cardio Vascular	Unknown
Renal disease	
Cerebral Haemorrhage	Nov 18, 1939

Other Contributory Causes of Importance: None

Name of operation: No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. R. Layton M. D.

(Address) Centreville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11201

1. PLACE OF DEATH

County Queen Anne's Registration Dist. No. 254

Village or City Near Queenstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still born (Newton) (a) U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Nov 23 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Near Queenstown (State or country) Md

FATHER

13. NAME Edw Newton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz Carroll

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliz Carroll (Address) Queenstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Carmichael Md. Date 11-24-, 1939

19. UNDERTAKER None (Barber) (Address)

20. FILED 11-24-, 1939 Helen M. Aldridge for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h ative on , 19; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still born	
Other **Contributary Causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Henry Foster M. D.

(Address) Centreville Md

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11202

1. PLACE OF DEATH (108)

County Queen Anne Registration Dist. No. 254

Village or City Grasonville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Palmer Jr.

(a) Residence: No. Grasonville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25-1939

7. AGE Years Months 1 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Phil Jackson

14. BIRTHPLACE (city or town) (State or country) East New Market Maryland

MOTHER

15. MAIDEN NAME Mary Palmer

16. BIRTHPLACE (city or town) (State or country) Taylors Island Maryland

17. INFORMANT (Address) Ida Palmer Chester - Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chestertown Date Nov. 8, 1939

19. UNDERTAKER (Address) Frank Thamson Chestertown - Md.

20. FILED Nov. 7, 1939 - Helen M. Aldridge Loc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1939, to Nov 7, 1939

I last saw him alive on Nov 7th, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-6 39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel J. Price M. D.

(Address) Queenstown.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11203

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (3)

County [illegible] Registration Dist. No. 252

Village or City [illegible] No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME [illegible] Quimby If U.S. Veteran specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
✓	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, and year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
[illegible]			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. [illegible]

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joseph Quimby

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Helen Purnell

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Joseph Quimby
(Address) Centreville Md

18. BURIAL, CREMATION, OR REMOVAL
Place M. Cemetery Date Nov. 7, 1939

19. UNDERTAKER Joseph Quimby (Father)
(Address) Centreville, Md.

20. FILED Nov 7, 1939 William S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11- 6 39
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19____, to [illegible], 19____

I last saw h[illegible] alive on [illegible], 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
[illegible]	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [illegible] M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59) Reg. Dist. No. 254

CERTIFICATE OF DEATH

11204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Queen Anne's
(b) City or town Queenstown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1 Year

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Queen Ann Co.
(c) City or town Queen Town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Stack

3 (b) If veteran, name war

3 (c) Social Security No. - None.

4. Sex male

5. Color or race white

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anna W.

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25 - 1869

8. AGE: Years 70 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Caroline Co. Md. (Town, county, and state)

10. Usual occupation Retired - Motorman

11. Industry or business Balto Transit Co.

FATHER 12. Name Frederick Stack
13. Birthplace Md.

MOTHER 14. Maiden Name Mary A. Nichols
15. Birthplace Md.

16 (a) Informant Lola S. Culbertson
(b) Address 3320 Mondamin Ave Balto. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 18-1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director William Cook
(b) Address 417 St Paul St.

19 (a) Nov. 15-1939 (Date rec'd by registrar) (b) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 14 1939, at 10 45 ~~P~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1938, to Nov. 14 1939; and that I last saw him alive on Nov. 14th 1939.

Immediate cause of death	Duration
Endocarditis mitralis chronica	1935
Insufficientia chronica	
Due to Arteriosclerosis	1935
Due to Diabetes mellitus	2
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodor Battelmaier M. D. or other

Address Stevensville Date signed Nov. 15. 1939.

1939 - 20 - 69

1939-11-15
1869-8-25

2 20

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11205

Reg. Dist. No. 2-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 37 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Linda Pratt Stafford

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: Joseph A. Stafford
6(c) If alive, give age: 84 years

7. Birth date of deceased (mo., day, yr.): August 5th 1853

8. AGE:

Years	Months	Days	If less than one day
86	2	28	____ hrs. ____ min.

9. Birthplace: Wye Mills, Talbot Co. Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Jacob H Pratt
13. Birthplace: Wye Mills Md
MOTHER 14. Maiden name: Emeline Elliott Barnard
15. Birthplace: Wye Mills Md
16. Informant: J. Wilbur Stafford
Address: Sudlersville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 4-1939 (month) (day) (year)
Cemetery ~~or crematory~~: Sudlersville Cemetery
Location: Sudlersville, Md
18. Funeral director: Barton Bros
Address: Centreville, Md
19. 11/4 1939 (Date rec'd by registrar) C. H. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 2 1939, at 2 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Nov 2 1939, and that I last saw h-- alive on Nov 2 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions Pressed Asthenia & Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: — Injured at work?

23. SIGNATURE: C. H. Whiteside M. D. or other
Address: Sudlersville Md Date signed 11/4/39

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11206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 255

1. PLACE OF DEATH:
County Queen Anne Co
City or town Rural Near Crompton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Rural Crompton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daisy Novella Stanford

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feby 22 1922

8. AGE: Years 17 | Months 8 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne Co (Town, county, and state)
10. Usual occupation House Work
11. Industry or business
FATHER 12. Name William E. Stanford
13. Birthplace Maryland
MOTHER 14. Maiden name Grace Thomas
15. Birthplace Maryland
16. Informant Mrs Grace Stanford
Address Sudlersville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov-18-39 (month) (day) (year)
Cemetery or crematory Cemetery
Location Hope Md
18. Funeral director W. H. Good
Address Church Hill Md
19. Nov 16 1939 (Date rec'd by registrar) F M Stark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1939 to Nov 15 1939 and that I last saw her alive on Nov 11 1939

Immediate cause of death: Pneumonary Tuberculosis — DURATION 6 mos
Due to
Due to Acute Influenza — 2 mos
Other conditions Mitral Heart Lesion
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE Gorman S. Dudley M. D. or other
Address Church Hill Md Date signed Nov 16 1939

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7-a)

CERTIFICATE OF DEATH

11207

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's
City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all his Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME William Robert Taylor

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice Amelia Taylor

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 26 - 1874

8. AGE: Years	Months	Days	If less than one day
64	11	8	hrs. min.

9. Birthplace Grasonville Md
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oystering

FATHER 12. Name Joseph Taylor

FATHER 13. Birthplace Q.A. Co. Md

MOTHER 14. Maiden name Mary Wrightson

MOTHER 15. Birthplace Q.A. Co. Md

16. Informant Mrs Robert Taylor
Address Chester Md

17. Burial Date thereof Nov 5. 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stevensville Cemetery

Location

18. Funeral director F.C. Thomas & Son

Address Stevensville

19. Nov. 4 1939 F.C. Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3rd 1939, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1939, to Nov 3rd 1939, and that I last saw h alive on Nov 3rd 1939.

Immediate cause of death Pernicious Anemia — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. Chas E. Snyder M. D. or other

Address Stevensville Md Date signed Nov. 4

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NOV 9 1939
BUREAU V. S.